

DEFINITIONS USED FOR THE STATE PRIMARY CARE GRANTS PROGRAM

Definitions from 26-18-301, Utah Code Annotated:

1. "Medically underserved population" means the population of an urban or rural area or a population group designated by the department as having a shortage of primary health care services.
2. "Primary health care" means:
 - a. basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and
 - b. care given for the management of chronic diseases.
3. "Primary health care services" include, but are not limited to:
 - a. services of physicians, all nurses, physician assistants, and dentists licensed to practice in this state under Title 58;
 - b. diagnostic and radiologic services;
 - c. preventive health services including, but not limited to, perinatal services, well-child services, and other services that seek to prevent disease or its consequences;
 - d. emergency medical services;
 - e. preventive dental services; and
 - f. pharmaceutical services.

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Other Definitions, as Determined by the Utah Department of Health:

1. "Children who have insurance" means individuals who are age 18 years old and under and who are eligible for CHIP, Medicaid, other public health care coverage, or private insurance either on their own or through their parent's health care coverage.
2. "Children who are not eligible for Medicaid or CHIP" means individuals who are age 18 years old and under:
 - a. Who have applied for CHIP coverage and have been denied, or
 - b. Whose parents refuse to apply for CHIP for their children, or
 - c. Who have been informed that they have lost their Medicaid or CHIP coverage, or
 - d. Who are served before CHIP begins accepting applications, or
 - e. Who receive a service not covered by CHIP, Medicaid, other public health care coverage, or private insurance.
3. "CHIP" means the State Children's Health Insurance Program.
4. "Eligible individual" or "User" means any person, or member of a family, served by the GRANTEE, who is a Medically Underserved Individual, as defined in Section A.7.
5. "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.
6. "Low income" is defined as including individuals at or below 200 percent of poverty level as established annually by the Department of Health and Human Services and published annually.
7. "Medically underserved individual" includes members of those populations listed in Utah Code, 26-18-301, et. seq., or who:
 - a. Is low income, as defined in Section A.6.;
 - 1) Is without health insurance, including CHIP and Medicaid, or
 - 2) Is without health insurance that covers primary health care services, or
 - 3) Is without health insurance that covers a particular primary health care service provided by the GRANTEE; and
 - b. *Resides in the State of Utah.*
8. "Primary health care" means:
 - a. Basic and general health care services given when an individual seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; or

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- b. Care given for the management of chronic diseases.
- 9. "Primary health care services" means those services listed in Utah Code, 26-18-301, et. seq., and in the Grant Application Guidance for the State Primary Care Grants Program for Medically Underserved Populations.
- 10. "Project" or "Proposal" refers to that portion of the GRANTEE's approved application funded through the State Primary Care Grants Program.
- 11. "Quality of Care" means a demonstrated ability and willingness of the applicant to systematically review the quality of care.
- 12. "Referral to CHIP" means that an individual who is age 18 years old and under or parents of an individual age 18 years old and under has been informed of the availability of Medicaid and CHIP and provided information to contact the DEPARTMENT, Bureau of Eligibility Services local office, outreach location, or telephone unit for determination of their eligibility for Medicaid or CHIP.
- 13. "Sliding fee scale" means a patient co-payment or fee per clinical visit, which varies by income and other variables, such as family size, as determined by the GRANTEE.
- 14. "State Primary Care Grants Program" means the program implemented under Utah Code, 26-18-301, et. seq.; Utah Administrative Code, R434-30; and the Grant Application Guidance for the State Primary Care Grants Program for Medically Underserved Populations.
- 15. "Target population" means one or more of the following populations: children; elderly; homeless; individuals with chronic diseases; individuals with limited English speaking proficiency; Native Americans; seasonal and migrant farm, agricultural, or ranch workers; single head of household; working poor; and other eligible populations.
- 16. "Working poor" means individuals with low income and without health insurance or not insured for primary health care services.

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Applicant Agencies should also note the following Definition and Policies:

1. "Equipment" is defined as capital equipment costing \$1,000 or more; has a life span of three years or more; is non-expendable material; is not consumed; and/or a group of items costing less than \$1,000 each, when combined make up one functional unit with a combined cost of \$1,000 or greater is considered one piece of equipment (e.g. microscope components). Equipment is not eligible for funding under the State Primary Care Grants Program.
2. Applicants should be aware that it is the policy of the Utah Department of Health that agencies awarded under the State Primary Care Grants Program will use awarded funding to provide primary care services for the full twelve (12) month grant period, and will ensure that continuity of services is maintained for the full duration of the grant period.
3. Funding from the State Primary Care Grants Program can not be used to supplant other existing funding sources. This means that the number of encounters or visits funded by the State Primary Care Grants Program should be over and above the number of encounters or visits covered by other funding sources available to the Applicant Agency.
4. Primary care services not covered by CHIP, Medicaid, Medicare, PCN, other public health care coverage, or private insurance may be considered, if the primary care services and costs are clearly detailed and listed in the Application.